

Receipt # _____

☐ Cash ☐ Check ☐ Charge

☐ \$252 (100%) ☐ \$277 (NR)

201_ VOLLEYBALL LEAGUE REGISTRATION FORM

☐ WINTER ☐ SUMMER ☐ FALL

Team Name: _____ Team Manager: _____

Home Phone: _____ Alternate Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Name: _____

Email: _____ Name: _____

If paying by credit card (Visa/MasterCard): Credit Card Number (only if card is not present) _____

Cardholder's Signature: _____ Exp. Date: _____

Team Status	Winter	Summer	Fall
<input type="checkbox"/> New Team	<input type="checkbox"/> Women's 6-player	<input type="checkbox"/> Coed	<input type="checkbox"/> Reverse Coed
<input type="checkbox"/> Returning Team Team Name _____		<input type="checkbox"/> 4-Man	<input type="checkbox"/> 4-Woman

TEAM EVALUATION

Please rate your team to assist in team placement.

Competitive attitude: VERY COMPETITIVE COMPETITIVE RECREATIONAL

Overall Team Rating: A B C D E F

Please check all available game times: ☐ 8:30-11:30 ☐ 10:30-1:30

Notes: _____

Team Manager's Signature: _____ Date: _____

NOTE: Registration will be taken on a first come basis. No spots are reserved for returning teams

REGISTRATION CHECKLIST

☐ Registration Form ☐ Team Roster ☐ Hold Harmless ☐ League Fees ☐ Player Verification